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County of San Bernardino • Department of Public Health
ENVIRONMENTAL HEALTH SERVICES

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(909) 387-0214

1647 East Holt Boulevard
Ontario, CA 91761-2107
(909) 458-9673

13911 Park Avenue, Suite 200
Victorville, CA 92392
(760) 243-3773

**APPLICATION FOR FOOD SERVICE FACILITY
PLAN REVIEW**

Business Name _____

Business Owner _____ Phone Number _____

Business Address _____

Requestor/Contact Person _____ Phone Number _____

Requestor Business Name _____ E-mail address _____

Address _____

Check Most Appropriate: ☐ Operator ☐ Contractor/Architect

Basic Facility Information: ☐ New ☐ Existing Food Facility ☐ Former Business Name _____

Scope of Remodel: _____

Nature of Service: Provide a description of the basic type of food and beverage service and nature of operation.

Seating Capacity _____ Square Footage _____ Maximum Number of Employees per Shift _____

DO NOT WRITE BELOW THIS LINE

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Received By _____ FA# _____

Date _____ Cont # _____

Assigned To _____ PE _____

Date _____ Office _____

☐ PRELIMINARY REJECT.

☐ NOT APPROVED, PLANS ARE REJECTED AS SUBMITTED. Three (3) corrected and detailed copies of the plans, including equipment layout sheets, are to be resubmitted for approval by this department prior to building permit issuance. Return one copy of rejected plans.

☐ PLANS APPROVED AS CORRECTED. The corrections listed are required prior to issuance of a permit to operate.

Plans Checked By _____

Date _____ Telephone _____

FOR OFFICE USE ONLY

Date Service Completed: _____

DIST: _____ City Code: _____

Amt Paid: _____ Receipt #: _____

Check #: _____

APN #: _____

SR#: _____

Plan Type: _____

Plan Status: _____

Client Contacted: _____

Date Client Called: _____